

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **21**
Registrar's No. _____

1. Place of Death: (a) County Cochise (b) City or Town St. David (c) Location _____ (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 50 years; in Arizona 50 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Cochise (c) City or Town St. David
(If outside city limits also write RURAL)
(d) Street No. _____ (e) Citizen of foreign country (yes or No) no
If Yes, which country _____
3. (a) FULL NAME HENRY CONRAD BUSBY (b) If Veteran no Social Security No. 526-30-8029
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband Mattie Julia Pederson 6. (c) Age of husband _____
or wife, if alive _____ yrs.
7. Birthdate of deceased January 5 1874
(Month) (Day) (Year)
8. AGE: Years 70 Months 3 Days 0 If less than one day
hrs. _____ min. _____
9. Birthplace Lake Town Utah
(City, town or county) (State or Country)
10. Usual Occupation Farmer
11. Industry or Business own farm
Father { 12. Name William Busby
13. Birthplace Yorkshire, England
(City, town or county) (State or Country)
Mother { 14. Maiden Name Elizabeth Muntz
15. Birthplace Switzerland
(City, town or county) (State or Country)
16. (a) Informant's own signature Ms. J. S. Merrill
(b) Address St. David, Arizona
17. (a) Burial, Cremation or Removal burial
(b) Place St. David (c) Date 4-8 1944
18. (a) Embalmer's Signature Bowley
(b) Funeral Director Glen Goodman
(c) Address St. David
19. (a) 4-8-1944
(Date received local Registrar)
(b) L. A. Kelly
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 5, 1944
TIME (Hour and minute) 11:30 P.M. M.

21. I hereby certify that I attended the deceased from April 1, 1944 to April 5, 1944
that I last saw him alive on April 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary artery occlusion
(2nd attack)

Due to arteriosclerotic heart disease
Coronary occlusion Dec. 1944
Due to (first attack)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature A. H. Shaw M. D.
Address Benson Arizona Date signed April 6, 1944